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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application or Docket Number 10/807,962		
APPLICATION AS FILED - F (Column 1)						PART I (Column 2)		SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR			NUMBER FILED		NUMBE	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))			1	V/A		N/A		N/A	(,,	1	N/A	1.,
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			1	V/A		N/A		N/A		1	N/A	
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))			1	N/A		N/A		N/A			N/A	
TOTAL CLAIMS (37 CFR 1.16(i))				minus 20	0 = *	*		x =		OR	x =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))				minus 3 = *				x =			х =	
APF FEE	LICATION SIZE		sheets of is \$250 (\$ additional	paper, th 3125 for s 50 shee	ne application si small entity) for ets or fraction th	drawings exceed 100 plication size fee due entity) for each fraction thereof. See and 37 CFR 1.16(s).						
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								N/A			N/A	
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL			TOTAL	
APPLICATION AS AMENDED – PART II												
(Column 1) (Column 2) (Column 3)							SMALL ENTITY		OR	OTHER THAN SMALL ENTITY		
AMENDMENT C		RE	CLAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*7		Minus	**20	⁼ 0		x =		OR	x 50 =	0
	Independent (37 CFR 1.16(h))	* 2		Minus	***3	= O		x =		OR	x 200 =	0
	Application Size Fee (37 CFR 1.16(s))											
∢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							N/A		OR	N/A	
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Co	lumn 1)		(Column 2)							
AMENDMENT D		REI	LAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*	8	Minus	** 20	= O		x =		OR	x 50 =	0
	Independent (37 CFR 1.16(h))	*	2	Minus	*** 3	⁼ 0		x =		OR	x 200 =	0
ME	Application Size Fee (37 CFR 1.16(s))											
✓	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))							N/A		OR	N/A	
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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